Remarks

ON

EXTREMES IN PRACTICE.

BY

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In my previous notice on this subject, I have adverted to the illustration of it afforded in the practice of blood-letting. During the years which have elapsed since I entered the profession, it has been painful to me to see that event threatened in this practice, which Dr. Markham deprecates in his Gullstonian Lectures, and on which he reasons so well; namely, a total misconception of the use and abuse of blood-letting. About the beginning of the present century, the lancet was certainly used to excess; but since that time a moderate and philosophical estimate of this excess was for some time proceeding, to which Dr. Armstrong's views constituted the principal exception. The idea of cutting short disease by intense depletion, was losing ground; and a very fair chance of obtaining the benefit of depletion without its mischief was being opened to us. It is within about the last twenty years that the tendency to extreme practice in *non*-depletion by the lancet has been obtaining a dangerous amount of fashion; and the discoveries which we have made in pathology and therapeutics have not been turned, as far as venesection is concerned, to making this remedy assume its right position in practice, but to banishing its use entirely, when other remedies might in truth have been aided by its moderate introduction.

Dr. Markham enters into the important question, how far the extreme opponents of blood-letting have done justice to the inquiry into *pros* and *cons*, on the results of which their opposition ought to have been based. The reasoning of Dr. Markham on this subject is excellent; and it seems highly probable that a change of type was not in this instance laid down as a ground for a change of treatment on deliberate inductive inquiry; but that it virtually suggested itself as an excuse, when an excuse became necessary after the change of treatment had taken place. The change itself resulted from the operation of a law which occasioned one extreme of medical practice to generate and to be succeeded by an opposite extreme, under a strong and natural perception of mischief done by intense depletory practice in the early part of the century, and in some measure by the attainment through therapeutical observation of agents which were presumed to be of a safer character. Young surgeons, accordingly, were soon heard to boast that they did not, as a matter of course, carry a lancet in their pockets; and physicians affirmed that they treated pneumonia without loss of blood.

Under this predisposition to new views, a hospital starting up in a comparatively unwholesome district, might readily give an excuse for general *non*-depletory treatment, by affording many instances in which it would not be borne; and medicinal remedies tending to reduce inflammatory action would be used to perform this duty alone, in which they would have been well and safely assisted by some abstraction of blood. I have noticed in a former contribution the dangerous abstinence from the use of the lancet in many cases of cerebral congestion, where the case required some more immediate relief of the impeded circulation, and other remedies were inadequate.

I am here in some measure playing the part of an *ex parte* reasoner; but certainly there are some *a priori* considerations which give my views a character of probability, when I hesitate to assume that an *extreme* change in pathology and treatment has been adopted for good reasons. Does medical inquiry into the laws of pathology and therapeutics generally assume a character of deliberation such as ought to precede great changes? Does an inductive and deductive inquiry, such as Dr. Curry gave to cold affusion in fever, and Dr. Jenner to vaccination, often occur? How do we treat that most powerful agent from which we ought to elicit so much light—statistics? Dr. Markham's amusing illustration of misconceived statistics in the Edinburgh Infirmary, where an equal number of deaths occurred in the practice of three physicians under opposite modes of treatment relatively to depletion, justifies Bacon's somewhat precipitate affirmation—precipitate, considering what statistics have effected since his time: "*Inductio quæ procedit per enumerationem simplicem res puerilis est, et precario concludit.*" When Bacon made this remark, he might appear to be describing much of our medical statistics; but certainly not any profitable form of that great instrument, such as Quetelet would demand as a basis of inquiry. This is a painful subject. The defect to which statistics are most liable, is an insufficient number of instances. Again, whenever it happens, that the subject matter of enumeration is such as renders definition impossible or very difficult, the conclusion aimed at is proportionately deceptive.

Such, I regret to say, are many of the medical enumerations of the Registrar-General, where an average is supposed to have been struck in cases of a given disease, without any evidence existing that the enumeration of these cases was made by persons who were agreed as to the meaning of the terms, or who would make the same application of them to actual instances. Statistics labouring under these defects are unprofitable.

Meanwhile, I should be glad to know what amount of profitable statistics have been applied of late years to the great question, whether our forefathers had entirely erred in adopting venesection as a remedy, or the type of our diseases had entirely changed in that time.

With respect to direct evidence in favour of occasional removals of blood, I have done a trifle in my former contributions to this JOURNAL.

Dr. Markham's lectures in that direction are invaluable. I hope he will resume the subject.